FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION											
. •		(See instructions)						Office use only					
1. NAME OF COMMITTEE	(in full)	(Chec is cha	k if name nged)		nple: If typying the lines	ı, type	12FE	1M5					
PACIFIC CO	NSOLID/	ATED INDUSTRI	ES EMPLO	YEES' (	GOOD GOV	ERNMEN	т сом	MITTEE			لـــــا		
	шш					шш		ш	ш		لـــــا		
ADDRESS (number	and street)	1212 S Vid	tory BI								لــــا		
(Check if add	ress										لــــا		
is changed)		Burbank						Ь	91502	2	لــــا		
				CITY			STATE	•	ZIP	CODE 4	•		
COMMITTEE'S E-	MAIL ADDF	RESS (Please provid	e only one e-m	ail addre	ess)								
(Check if add is changed)	ress	josh@dur	keeandasso	ciates	com						لـــــا		
											لبب		
COMMITTEE'S W  (Check if add is changed)		ADDRESS (URL)											
2. DATE	1,2 /	18 / Y Y 20	<b>0</b> 9										
3. FEC IDENTIFICATION NUMBER C C0040937													
4. IS THIS STAT	EMENT	X NEW (N)	OR		AMEND	ED (A)							
I certify that I have ex	amined this	Statement and to the I	pest of my know	rledge an	d belief it is true	e, correct an	d complete	1					
Type or Print Name	e of Treasure	er Kinde	Durkee										
Signature of Treaso	<sub>urer</sub> El <u>ec</u>	tronically Filed by	Kinde Durk	ee			Date	<sup>M</sup> 1 2 M	<b>18</b>	/ Y	<sup>°</sup> 2 0 0 9		
NOTE: Submission of	of false, erron	eous, or incomplete in							s of 2 U.S.C	. §437g.			
Office Use Only					For further in Federal Election Toll Free 800- Local 202-694	on Commiss 424-9530			FEC F	ORM d 02/2009			